



Medicare Summary Notice

June 15, 1998

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX

Toll-free: 1-800-XXX-XXXX

TTY for Hearing Impaired: 1-800-XXX-XXXX

HELP STOP FRAUD: Beware of door-to-door sales of Medicare services.

This is a summary of claims processed on 06/15/1998.

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45621						
Medicare Hospital, 123 Medicare Lane, Dallas, TX 75209						
Referred by: Paul Jones, M.D.						
04/02/98	I.V. Therapy (Q0081)	\$33.00	\$0.00	\$6.60	\$6.60	
	Supplies	82.00	0.00	16.40	16.40	
	Take Home Drugs	10.00	10.00	0.00	10.00	a
	Lab (88104)	1,140.50	0.00	228.10	228.10	
	Radiology (71060)	76.00	0.00	15.20	15.20	
	Operating Room (31628)	786.50	0.00	157.30	157.30	
	Observation Room (99201)	293.00	0.00	58.60	58.60	
	Claim Total	\$2,421.00	\$10.00	\$482.20	\$492.20	

Notes Section:

a Medicare does not pay for this item or service.

Deductible Information:

You have met the Part B deductible for 1998.

THIS IS NOT A BILL - Keep this notice for your records.

Continued EXHIBIT 5 - Noncovered Service - Beneficiary is Liable

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General Information:

If you were offered free items or services but Medicare was billed, please call your local Customer Service at (XXX) XXX-XXXX.

Appeals Information - Part B (Outpatient)

If you disagree with any claims decision on this notice, you can request an appeal by December 15, 1998.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.

3) Sign here _____ Phone number () _____